DRUG TESTING AND TREATMENT FOR JUVENILES AND ADULTS – QUARTERLY REPORT

Michigan Department of Community Health
Office of Drug Control Policy
BYRNE MEMORIAL FORMULA GRANT PROGRAM

INSTRUCTIONS:

- Use **THIS** form to provide a **complete** description of all project activities during this quarterly reporting period. Attach additional pages as necessary.
- The Quarterly Program Report is due in the Office of Drug Control Policy (ODCP) **no later than 20 days following the end of the quarterly report period**.
- Failure to submit this report by the due date will cause ODCP to withhold the release of funds.
- This form is screen fill-in enabled using **Adobe Acrobat Reader**.
- You may also print it out and complete it by hand or typewriter.
- Attach all narrative information to this form and mail to:

> **OFFICE OF DRUG CONTROL POLICY**
> **MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**
> **320 S WALNUT STREET**
> **LANSING MI 48913**
> **TELEPHONE:** (**517) 373-4700**

> You may also fax it to:
> **(517) 373-2963**

Grantee Name	ODCP Project Number
Project Title	
Project Start Date	**Project End Date**
Report Quarter ☐ **1st**　☐ **2nd**　☐ **3rd**　☐ **4th**	**Report Period Ending Date**
Person Completing this Report (Name and Title)	**e-Mail Address:**
Signature *(not required if e-Mailed)* Date	**Telephone Number** ‖ **FAX Number**

AUTHORITY: By Authority of the Anti-Drug Abuse Act of 1988. **COMPLETION:** Is VOLUNTARY. Failure to provide this information is a violation of grant contract terms and conditions.	The Department of Community Health is an equal opportunity employer, services and programs provider.

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Instructions

- **The following definitions should be used in completing this Report:**

<table>
<tr><td><u>GRADUATES:</u></td><td>Offenders participating in the project who have been discharged because he/she has successfully completed the program in accordance with the criteria for your program.</td></tr>
<tr><td><u>CLIENTS:</u></td><td>Offenders who are currently enrolled in the program during this quarter, but who have not successfully completed the program and who have not been terminated from the program.</td></tr>
<tr><td><u>TERMINATIONS:</u></td><td>Offenders who have exited the program for reasons other than successful completion.</td></tr>
</table>

- Questions should be answered completely. If the specific question is not applicable to your particular program indicate as **"N/A" with an explanation as why the question does not apply**

- If there are unusual circumstances or situations in which certain data needs explanation, asterisk the data and include narrative at bottom of the page, indicate in the program narrative, or attach additional page.

SECTION A – Graduate Client Information

	This Quarter	Year to Date
1. Number of Satisfactory completions **(Graduates)**		
2. Drug Testing Results for **Graduates**: a. 0 Positive Tests		
b. 1 Positive Test		
c. 2 Positive Tests		
d. 3 or More Positive Tests		
3. Positive Tests by Drug for **Graduates**: a. Alcohol		
b. Marijuana		
c. Crack / Cocaine		
d. Amphetamines		
e. Opiates		
f. Barbiturates		
g. Other (Specify):		
h. Other (Specify):		
i. Other (Specify):		
j. Other (Specify):		

SECTION A – Graduate Client Information *(Continued):*

4. Services to Graduates this Quarter: *(Use Additional Sheets as Needed)*

- Check and briefly describe the services that graduates were referred to or provided.

☐ **EDUCATION** (GED, Adult Education, Vocational, etc.)	Number of Graduates
Description of Services:	

☐ **EMPLOYMENT**	Number of Graduates
Description of Services:	

☐ **LIFE SKILLS** (Money Management, Resume Writing, etc.)	Number of Graduates
Description of Services:	

☐ **INDIVIDUAL COUNSELING / THERAPY**	Number of Graduates
Description of Services:	

☐ **FAMILY / GROUP COUNSELING THERAPY**	Number of Graduates
Description of Services:	

☐ **HOUSING**	Number of Graduates
Description of Services:	

☐ **HEALTH / DENTAL CARE**	Number of Graduates
Description of Services:	

SECTION A – Graduate Client Information *(Continued):*

5. Services to Graduates this Quarter *(Continued): (Use Additional Sheets as Needed)*

   - List and briefly describe the services that graduates were referred to or provided.

Type of Service ☐	Number of Graduates
Description of Services:	

Type of Service ☐	Number of Graduates
Description of Services:	

Type of Service ☐	Number of Graduates
Description of Services:	

6. Indicate the number of **graduates for this quarterly report period** by gender and age group.

AGE GROUP	FEMALE	MALE	TOTALS
7 - 14			
15 - 18			
19 - 21			
22 - 25			
26 - 29			
30 - 35			
36 - 40			
41 - 50			
51 - 60			
60 and Over			
TOTALS ➔			

SECTION A – Graduate Client Information *(Continued):*

7. Indicate which treatment services were utilized by **graduates**. *(Check ALL that apply)*

☐ Substance Abuse Education

☐ Individual Counseling

☐ Family Counseling

☐ Group Counseling

☐ 12-Step Group Meetings
(e.g., AA, NA, etc.)

☐ Non-Intensive Outpatient Treatment
(Professionally directed, regular and less
than 9 hours per week)

☐ Intensive Outpatient Treatment
(Professionally directed, structured
program and 9-20 hours per week)

☐ Methadone Treatment
(Medically supervised)

☐ Day Treatment
(Professionally directed, structured program
and more than 20 hours per week)

☐ Intensive Inpatient Treatment
(7-45 day length of stay)

☐ Intensive Residential Treatment
(6-24 month length of stay)

☐ Therapeutic Community Model

☐ Halfway House

☐ Group Living

☐ Relapse Prevention

☐ Primary Medical Care

☐ Detoxification

☐ Domestic Violence Programs

☐ Treatment for Abuse

☐ Other(s) (explain):

8. Provide a brief description and explanation of the treatment services provided.

9. What was the average length of time in the program for persons who graduated during this quarter.

10. Indicate the number and types of sanctions incurred by the graduates during the time they were in the program.

SECTION B – Outcome Indicators:

1. Number of Satisfactory Completions (graduates) .... _____

2. Number of Unsatisfactory Completions (terminations) .... _____

3. Success Rate of the Program:

   a. **Quarterly Report Period:**
   The number of successful program completions divided by
   the number of completions equals the success percentage. .... _____

   b. **For the Year-to-Date:**
   The cumulative number of successful program completions
   divided by the cumulative number of completions
   results in the year-to-date success percentage. .... _____

   c. **6 and 12 Month Outcomes:**
   The number of program graduates who tested positive for drugs:

6 Months Post Graduation	_____
12 Months Post Graduation	_____

   The number of program graduates who have been rearrested:

6 Months Post Graduation	_____
12 Months Post Graduation	_____

   The number of program graduates who have been rearrested
   for a drug-related charge:

6 Months Post Graduation	_____
12 Months Post Graduation	_____

SECTION C – Terminated Client Information::

	This Quarter	Year to Date
1. Number of Clients Terminated		
2. Indicate the Reasons for Termination:		
a. Exceeded Allowable Violations		
b. Transferred to another Facility / Program		
c. Rearrested		
d. Voluntarily Dropped Out		
e. Other (explain):		
f. Other (explain):		
g. Other (explain):		
h. Other (explain):		
TOTALS →		
3. Drug testing results for **Terminated Clients**:		
a. 0 positive tests		
b. 1 positive tests		
c. 2 positive tests		
d. 3 or more positive tests		
4. Positive Tests by Drug for **Terminated Clients**:		
a. Alcohol		
b. Marijuana		
c. Crack / Cocaine		
d. Amphetamines		
e. Opiates		
f. Barbiturates		
g. Other (Specify):		
h. Other (Specify):		
i. Other (Specify):		
j. Other (Specify):		

SECTION D – Project Status:

1. Number of **CLIENTS** enrolled at the **beginning** of the quarterly report ....

2. Number of **CLIENTS** added ....

3. Number of program **GRADUATES** ....

4. Number of **TERMINATIONS** prior to graduation / completion (any reason) ....

5. Number of **CLIENTS** enrolled at the **end** of the quarterly report ....

6. Total number of drug screens conducted this quarter ....

7. Number of positive drug screens this quarter.
    (Count positive for multiple drugs as one drug screen). ....

8. Summarize the project status by describing the positive outcomes of project activity.
    (Include examples documenting successes and/or achievements).

9. Indicate the **TYPE** of sanctions imposed and the number of **CLIENTS** who received each sanction.

Describe Sanction	Number of Clients Sanctioned

10. Were any clients unable to receive the appropriate sanction (e.g., jail overcrowding)?
    ☐ NO   ☐ YES (If yes, explain below)
    How many clients and what were the reasons.

11. Estimate the number of jail / juvenile detention days averted and the cost savings as a result of the program.

a. **For ADULT Clients -** Number of **jail** days averted:	Funds Saved: **$**
b. **For JUVENILE Clients –** Number of juvenile **detention** days averted:.............................	Funds Saved: **$**